

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

10 MAR -9 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/09/10--01018--012 **450.00
CR2E081 (11/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000040576

1. Corporation Name

LUIS MARQUEZ P.A.

2. Principal Office Address - No P.O. Box # 5757 BLUE LAGOON DR		3. Mailing Office Address 5757 BLUE LAGOON DR	
Suite, Apt. #, etc. 145		Suite, Apt. #, etc. 145	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33126	Country US	Zip 33126	Country US

4. Date Incorporated or Qualified To Do Business in Florida 03/20/2006

5. FEI Number 20-4536745	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LUIS MARQUEZ JR.

Street Address (P.O. Box Number is Not Acceptable)
5757 BLUE LAGOON DR

Suite, Apt. #, Etc.
145

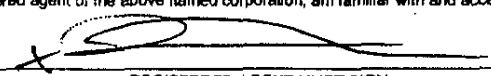
City
MIAMI

State
FL

Zip Code
33126

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 03/04/2010

REGISTERED AGENT MUST SIGN

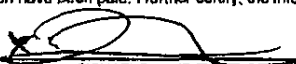
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LUIS MARQUEZ JR.	5757 BLUE LAGOON DR SUITE 145	MIAMI, FL 33126

REINSTATEMENT

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  LUIS MARQUEZ JR. - PRESIDENT 03/04/2010 786-200-1055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #